EXECUTIVE SUMMARY:

Lead poisoning is a preventable public health problem. Exposure to lead can result in long lasting neurological damage that may be associated with learning and behavioral problems and with lowered intelligence. The major sources of exposure are lead-based paint and dust in older housing, soil contaminated with lead from past industrial uses and leaded gasoline. Three fourths of the District of Columbia's housing was built before 1978, when the federal government restricted lead-based paint in residential housing. Much of District's housing was built before 1950, when paint contained the highest lead levels.

Despite the fact that lead paint was banned more than twenty-five years ago, children, primarily in poor and minority communities continue to be poisoned in their homes due to renovation activities and possible tracking of lead contained dust.

While the numbers of lead poisoned children in the District of Columbia is declining, too many children continue to be harmed. Unlike many other public health problems, lead poisoning is easily preventable. Cognizant of this fact, the Childhood Lead Poisoning Prevention Division (CLPPD) and the Lead Screening Advisory Committee (LSAC) began to develop a strategic plan to eliminate childhood lead poisoning in the District of Columbia by the year 2010. The LSAC includes child health care providers, as well as representatives from the District government, managed care organizations, Medical Assistance Administration (MAA), community, Department of Housing and Community Development (DHCD), Faith-Based Organizations and children's health advocates. The Committee established working groups, which formulated achievable goals and objectives and recommended action steps. Out of these action steps, a consensus was reached that the elimination of lead poisoning in the District of Columbia by 2010 will depend on:

Having a lead- safe home where lead-based paint is not the source of exposure. This is particularly important for women who are breast feeding or pregnant and children under the age of 6 years.

Identification of children with elevated blood lead levels through screening, environmental inspection and case management.

Extension of education and outreach to parents, government and non-governmental agencies involved in child care services.

Maintaining a statewide surveillance system for effective utilization of resources for screening, remediation, education and exposure.

INTRODUCTION:

The primary source of childhood lead poisoning in the District of Columbia is lead based paint. Other sources include food, water, imported products, residential contamination from leaded gasoline and lead contaminated soil. Children under the age of six years are mostly affected. The number of lead-poisoned children has decreased significantly in the District. This decrease can be attributed, to remediation of lead- based paint hazards in older housing and educational outreach activities.

This strategic plan is developed with the goal of eliminating childhood lead poisoning. The Childhood Lead Poisoning Prevention Division and the Lead Screening Advisory Committee have worked together to formulate achievable goals and action steps to accomplish this task.

While the plan identifies specific short and long term strategies, as progress is evaluated and successes and barriers are identified, these strategies may change or be re-prioritized.

MISSION STATEMENT:

Eliminate Lead as an environmental Health Hazard for the District of Columbia children by the year 2010.

CAPACITY OF THE ORGANIZATIONAL UNIT:

The organizational unit charged with implementing the activities of the Strategic Plan is the Department of Health, Environmental Health Administration, Lead Poisoning Prevention Division (LPPD), whose mission is to implement a District wide strategic plan necessary to reduce the hazards of lead poisoning in the District. Toward this end, the LPPD operates the following three components: (1) Childhood Lead Poisoning, Screening, and Education Program (CLPSEP) that provides blood lead testing, case management, surveillance and education components (2) Lead-Based Paint Management Program that conducts inspections and risk assessments and (3) Lead Certification and Permit Program to increase the number of trained individuals and firms certified in one of the lead hazard control disciplines. As such the LPPD will be responsible for all Strategic Plan activities.

LIST OF PARTICIPANTS:

LPPD is cognizant of the fact that it cannot implement the activities of the Strategic Plan alone. Therefore it sought to maintain its partnerships with both governmental and non-governmental agencies in the implementation of the activities for the elimination of lead in the District for the year 2010. The following is a list of the participants: Lead Screening Advisory Committee (LSAC), D.C. Department of Health, (DOH), D.C. Department of Housing and Community Development (DHCD), D.C. Medical Assistance Administration (MAA), Environmental Protection Agency (EPA), Managed Care Organizations (MCO's) Children's National Medical Center (CNMC), United Planning Organization, (UPO) Maternal Family and Health Administration (MFHA) Alliance for Healthy Homes (AFHH), Howard University (HU), American Academy of Pediatrics , DC Chapter, George town University Hospital, and Coalition to End Childhood Lead Poisoning.

PRIMARY PREVENTION:

The elimination of lead poisoning in the District of Columbia by 2010 depends on primary prevention. Identification and removal of the sources of lead poisoning are the most important ways to prevent lead poisoning. No level of lead is safe. Lead poisoning is a silent disease, with no symptoms even at damaging levels. The only truly effective treatment for this disease is prevention that is keeping lead out of children's environments so they are not exposed. The following objectives address the action steps for making homes safe for children to live, visit and play.

AGENCY COORDINATION:

CLPPD is always seeking to develop positive, cooperative relationships with other key organizations that can play a role in preventing childhood lead poisoning in the District of Columbia. Several cooperative partnerships have been established with federal and local agencies, as well as private, community-based and faith-based organizations .The input, participation, cooperation and coordination of these agencies are being utilized since most of them are members of the Lead Screening Advisory Committee.

SCREENING:

Early detection of lead poisoning is critical. Identifying lead poisoned children makes it possible to protect them from additional exposure and more serious health effects. Because most lead poisoned children do not have clinical symptoms, screening with a blood test is usually the only way to identify children with elevated blood lead level. The D.C Law dictates that children under the age of six be screened at stipulated times and the results of such tests be reported to the DOH .The objectives of this component are adhering to the letters of the law and assuring that children with elevated blood levels be followed up appropriately.

EDUCATION:

Educating the public on the dangers of exposure to lead is an important component of reducing childhood lead poisoning. The law mandates DOH to conduct public education and outreach efforts. The objectives outlined hereunder include activities targeted to parents, homeowners, policy makers, building managers, health providers, ethnic groups etc. to communicate the importance of lead screening in high risk children especially Medicaid-eligible children.

SURVEILANCE:

Surveillance of blood lead levels and lead poisoning cases throughout the District of Columbia is a critical function of the Childhood Lead Poisoning Prevention Division (CLPPD). Using a web-based data management system, the CLPPD tracks blood lead levels in D.C. children and monitors its own delivery of services to lead poisoned children. Surveillance data are also used to identify geographic and demographic patterns in the District of Columbia and to develop appropriate interventions for high-risk group.

LEGAL ISSUES:

Prior to the enactment of Title XX, Childhood Lead Poisoning Screening and Reporting Act of 2002,there existed the “Student Health Care Amendment Act” (D.C. Code 31 – 2402), which was different from the Act of 2002. The LPPD tried to bridge the gap between the two to make for easy clarification and understanding.

EVALUATION:

Evaluation is an essential component of the District of Columbia Strategic Plan. In order to meet these goals it will be necessary to utilize data from evaluation activities to focus resources on policies and strategies that are the most effective. Consequently, various activities of this plan will be evaluated on a quarterly or yearly basis, with the results presented to the Lead Screening Advisory Committee (LSAC) and the Department of Health for consideration and rapid adjustment of procedures if justified.

The first component of the evaluation plan is to monitor the implementation of the specific goals and objectives in each of the four focus areas of the plan. This evaluation process will allow the LSAC to ensure that all activities are completed in a timely and thorough fashion.

The second principle will be a detailed analysis of the outcomes of the plan's goals and objectives and the overall success at accomplishing the goals. Quantifiable indicators will document the progress in meeting the goals. CLPPD will be responsible for the quarterly generation and dissemination of the results to the LSAC.

The overall success of the efforts to prevent and eliminate lead poisoning will be through analysis of the cumulative incidence of lead poisoning (BLL less than 10) and the prevalence of lead poisoning in tested children under age six in the various wards of the District of Columbia. Epidemiological analysis of the incidence and prevalence of lead poisoning will be performed to evaluate impacts on populations that have traditionally faced a disproportionate burden of lead poisoning. Particular attention will be paid to children of parents with low income levels as determined by Medicaid eligibility, minorities, immigrants, and residents of high-risk communities and other targeted communities identified by LSAC.

The impact of this plan on the removal of lead hazards from the District's housing stock will also be evaluated. Implementation of this plan will be monitored by the LSAC. As progress is evaluated and successes and barriers are identified, these strategies may be changed or the priorities changed.

GOALS AND OBJECTIVE:

GOAL 1: Ensure lead-safe homes in any dwelling where children under the age of Six reside or visit.
Objective 1: To have a lead safe home where children live, play and visit.
Objective 2: Create a data consisting a list of Multiple Offenders
Objective 3: Assist property owners/tenants to perform lead hazard control in homes built prior to 1978

GOAL 2: Implement a targeted enforcement strategy to maximize compliance with all lead poisoning prevention laws
Objective 1: identify violators of the District of Columbia's Lead Poisoning Prevention laws

Objective 2: Implement a strategy to enforce violators of the District's Lead poisoning Prevention laws, rules and regulations

GOAL 3: Implement a primary prevention program through competent educational initiatives.
Objective 1: Develop web-based educational information, improve and distribute the existing appropriate media/educational materials targeting local officials, health-care providers, parents, contractors, property owners, day-care providers and early childhood educators and new immigrants
Objective 2: Target educational programs to local officials/legal authorities.
Objective 3: Target educational programs to health-care providers
Objective 4: Target educational programs to parents
Objective 5: Target educational programs to property owners
Objective 6: Target educational programs to day-care providers and early childhood educators

GOAL 4: Intensify targeted screening of children identified to be at the greatest risk of lead poisoning and at risk for not receiving blood lead test

Objective 1: Assist the Office of Medicaid to ensures that all pregnant women, breast feeding mothers and children under six who are covered by Medicaid are screened for blood lead level

Objective 2: Enhance the relationship with the primary care physicians, pediatrics and Public clinics to assure that all children under their care are screened for blood lead level

Objective 3: Develop a plan to identify barriers to children receiving blood lead test

Objective 4: Increase screening rate among new immigrant children

GOAL 5: Develop a pilot program and expand out reach education

Objective 1: Develop a pilot program and expand out reach education to selected areas/specific families from the onset of pregnancy to the time that the child is one (1) year old and have his/her first blood lead test

Objective 2: Train staff in lead-safe environment through step by step skills they need

Objective 3: Establish a Health department Task Force to get the data sources identified, collected data, analyze data, make/implement recommendation

Objective 4: Implement a primary prevention program that impacts the housing issue of children with history of EBL

GOAL 6: Utilize Lead Trax Surveillance System to develop risk assessment and integrate prevention planning, monitor progress and evaluate program component

Objective 1: Improve the capability to detect and manage EBL cases

GOAL 7: Establish a central data System between CLPSEP, EPSDT and Immunization for centralized provider access

Objective 1: Uploading of Lead System Records in to EPSDT Health Checks –Immunization Tracking System

GOAL 1: Ensure lead-safe homes in any dwelling where children under the age of six reside or visit.					
Objective 1: To have a lead safe home where children live, play and visit.					
Strategy	**Potential Lead/Supporting Agencies**	**Timeframe**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1.CLPPD will identify buildings built prior to 1978 with poorly maintained conditions where pregnant women and children under the age of six live and provide outreach and health education activities. (See attachment 1: Maps of targeted Houses).	DOH, DHCD, DCRA, Department of Human Services (DHS	By June 30, 2006	Staff Time	Number of identified lead impacted houses	Percentage of known lead impacted houses
2**.** Increase awareness of landlords/Tenants on the1018 federal law by distribution of information to them through Title offices, banks and city permit offices and real estate companies	DOH, LSAC	By June 30, 2007	Staff Time	Number of 1018s distributed	Percentage of lead safe homes. Survey about Federal Disclosure Rule (1018)
3. Survey families living in any pre 1978 homes that receive environmental investigation due to EBL or has a child receiving case management to find out if they receive information about the federal disclosure rule (1018) from the Landlords. The names of the Landlords in violation will be forwarded to EPA or HUD enforcement officials.	DOH, EPA, HUD3	By June 30, 2010	Staff Time	Compliance with the disclosure law	Percentage of Lead safe homes

Objective 2: Create a data consisting a list of Multiple Offenders					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	Fiscal Impact	Anticipated Outcomes	**Evaluation Criteria**
1. Use CLPPD blood lead test data to identify pre 1978 residential units to detect landlords who are multiple offenders within the last 5 years	DOH, DHCD	By June 30, 2006	Staff Time	Rehabilitation of more homes	Number of identified pre 1978 units
2. Obtain the record of environmental inspection and the list of current status on the condition of these addresses.	DOH	BY June 30, 2006	Staff Time	Identified addresses of multiple offenders and their current condition	List of addresses of multiple offenders and their current status
3. March the data, compile in to one report, create the list of the addresses that are still in poor condition	DOH	By June 30, 2006	Staff Time	Identified list of addresses in poor condition	List of addresses in poor condition
4. Share data reports with DHCD for consideration for lead hazard reduction and abatement, CDC and legislative personnel for legal actions. Require owners who are not qualified for DHCD grants/loans to abate lead hazards in their properties	DOH, CDC, DCRA	By June 30, 2007	Staff Time	Data available to DHCD, CDC, legal authorities	Required actions
5. Monitor the progress and implement changes	DOH	By June 30, 2009	Staff Time	Identified changes for implementation	Required actions
6. Analyze CLPPD blood lead test data to identify pre 1978 residential units to that have been associated with more than one EBL case within the past last 5 years. The addresses that have been identified will be provided to DHCD, for lead hazard reduction and abatement, to CDC, EPA	DOH	By June 30, 2009	Staff time	Rehabilitation of more homes	List of addresses of pre 1978 residential units that have been associated with more than one EBL case within the last 5 years.

and legal authorities for legal actions.					
7. Obtain and distribute information about legal action taken against the multiple offenders to the appropriate persons	DOH	By June 30, 2010	Staff Time	Information about legal action available	Information obtained
Objective 3: Assist property owners/tenants to perform lead hazard control in homes built prior to 1978					
Strategies	**Potential Lead/Supporting Agencies**	**Timeframe**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Review CLPSEP data base to identify the addresses with children newly identified with EBL	DOH	By June 30, 2006 and ongoing	Staff Time	Identified list of addresses with an EBL child which have had a child/children with EBL in the past	List of addresses with newly identified children with EBL that have a child/children with EBL in the past
2. Match the addresses of children who are newly identified, addresses of children who had EBL with the data base of children with multiple EBLs, and the address of houses built prior to 1978	DOH, DHCD,	By September 30, 2005 and ongoing	Staff Time	Identified addresses that has a child/children with EBL, have poisoned a child/children in the past and ere built prior to 1970	Data available
3. Review environmental inspection history of the addresses and verify if the home where the child is living is the causal home.	DOH, DHCD	By June 30, 2007	Staff Time	Identified addresses that are the causal home	Data available
4. Provide this information to the property owners and tenants of these addresses and provide information and training about lead	DOH	By June 30, 2007	Staff time	Property owners and tenants to receive training/information	Information and training available

hazard control measures				identified	
3. Provide referral to DHCD for offering of financial incentives to the identified property owners such as grants and low interest loans to qualified persons to make properties lead safe	DOH, DHCD	By June 30, 2007	Staff Time	Qualified property owners received grants/low interest loans	Referral made to DHCD
4. Ensure renovation contractors and trades people are aware of relevant federal laws and are distributing the EPA renovation booklet as required by the Residential Lead-Based Paint Hazard Reduction Act of 1992.	DOH	By June 30, 2008	Staff Time	Contractors and trades people are aware of the relevant federal laws	Copies of relevant federal laws distributed to the contractors and trades people
5. Conduct spot checks of ongoing work by contractors to ensure that they are certified by the DC to perform lead abatement activities	DOH, DCRA, DHCD	By June 30, 2009	Staff Time	Spot checks of ongoing work conducted	Certified contractors are performing lead abatement activities
6. Develop maps consisting of lists of properties and their status, number of children living in addresses that have poisoned a child/children. Distribute as authorized	DOH	By June 2010	Staff Time	Map developed and distributed	Maps available for distribution
Goal 2: Implement a targeted enforcement strategy to maximize compliance with all lead poisoning prevention laws					
Objective 1: identify violators of the District of Columbia's Lead Poisoning Prevention laws					
Strategies	**Potential Lead/Supporting Agencies**	**Timeframe**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Review blood lead surveillance data from Wards 1, 4, 5 and 6 to identify all residences	DOH	By June 30, 2006	Staff Time	Identified potential violators of DC lead laws	Address data available to develop list of potential

with a lead poisoned child in order to identify potential violators of the Districts Lead Poisoning Prevention Laws					violators of lead law
2. Develop map consisting of the communities within these Wards with the highest concentration of children under the age of six and pregnant women with EBL	DOH, OCTO	By June 30, 2007	Staff Time	Obtain the areas of highest concentration of children/pregnant women with EBL	Process of developing a map
3. Conduct spot-testing of homes where children have been poisoned in the past, including checking for deteriorating paint and verification that dust levels do not exceed standards	DOH, DHCD	By June 30, 2007 – June 30, 2010	Staff Time and travel expenses	List of lead impacted homes developed	Spot-testing of the targeted homes conducted
4. Conduct systematic lead hazard risk assessments for residential properties in neighborhoods with the highest incidence and prevalence of lead poisoning to ensure that lead safety standards are maintained	DOH, DCRA, DHCD	By June 30, 2008 – June 30, 2010	Staff time and travel expenses	List of homes that maintained safety standards	Risk assessment of the targeted homes in the targeted communities conducted
Objective 2: Implement a strategy to enforce violators of the District's Lead poisoning Prevention laws, rules and regulations					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Analyze CLPSEP data to develop a list of addresses which the owners/ tenants were issued with a notice of defect	DOH	By June 30, 2006	Staff time	List of addresses issued with the notice of defect identified	Data available
2. Match the violators addresses with the CLPSEP addresses of children with EBL and identify the addresses to be monitored	DOH, DHCD	By June 30 2007	Staff time	List of homes to be monitored identified	Process of identifying homes to be monitored
3. Provide copies of the regulatory authorities (see attachment) to the owners of the identified properties	DOH, DCRA, DHCD	By June 30, 2007	Staff time and travel expenses	List of property owners to receive	Regulatory Information available

				regulatory information identified	
3. Provide needed information/training to the owners of these properties. Inform them that these properties will be monitored for lead safe standards for the next 5 years.	DOH	By June 30, 2008	Staff time, travel expenses and cost of materials	List of property owners to receive needed information/training identified	Information/training provided to the identified property owners
4.Participate in ensuring that property owners comply with any abatement order and provide recommendation	DOH, DCRA, DHCD	By June 30, 2009	Staff time	Required action and needed recommendation identified	Required actions and recommendation
5. Evaluate the system and provide final recommendation	DOH, DCRA	By June 30, 2010	Staff time	Final evaluation of the program	Reduction in lead poisoning of properties identified with any violation of Federal and DC lead laws
Goal 3: Implement a primary prevention program through competent educational initiatives.					
Objective 1: Develop web-based educational information, improve and distribute the existing appropriate media/educational materials targeting local officials, health-care providers, parents, contractors, property owners, day-care providers and early childhood educators and new immigrants					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	Fiscal Impact	**Anticipated Outcomes**	**Evaluation Criteria**
1. Explore what other states and local communities are doing to increase lead poison education and develop report on best practices	DOH	By June 30, 2005	Staff time	Reports identifying best practices	Best practices report is developed
2. Publish the strategic plan, summary of lessons learned from lead in water crises in DC and other appropriate information on the DOH web site	DOH	By June 30, 2007	Staff time	Education through web base information	Web based information established

3. Develop and display maps of targeted communities for primary prevention activities in DOH buildings.	DOH	Ongoing	Staff time	Maps developed and sites for display identified	Process of developing and displaying maps
4. Collect, organize and distribute educational materials for all literacy groups	DOH	DOH, DHCD	Staff time	Educational materials be distributed collected and organized	Distribution of information to the targeted groups
5. Through past and current collaborative efforts, increase distribution of lead poison educational materials by 20%	DOH	DOH, DHCD		Increased distribution of materials	Increase in distribution of materials by 20%
6. Identify additional strategies based on recommendation from LSAC, other state best practices, suggestion from region 3 project officer and consideration of other means of distribution	DOH	By June 2007 and on-going	Staff time and travel expenses	Review and incorporate new ideas	Updated strategies
Objective 2: Target educational programs to local officials/legal authorities.					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Provide a copy of maps of the targeted communities and the list of property owners of homes that have poisoned a child/children in the past and are still in poor condition to the identifies groups	DOH, DCRA, DHCD, Local Judges, Legal authorities	Staff time	By June 30, 2007	Copies of maps provided	Process of making the maps available

2. Inform the appropriate legal authorities/local authorities of the DOH efforts to assure that property owners are aware that there properties are still being monitored until the lead hazards are removed	DOH, Legal authorities	Staff time	By June 30, 2007	The legal authorities are well informed	The process of information the legal authorities
3. Provide the identified groups with the needed information and educate them on new information about lead poisoning	DOH, Legal authorities	Staff time	By June 30, 2008	Informed legal authorities	Updated information on lead poisoning are made available to the legal authorities
4. Implement any new regulation and changes in policy/regulation if applicable	DOH, DCRA, DHCD	Staff time	By June 30, 2008	Any developed changes in policy/regulation	Required actions
5. Evaluate all efforts and make changes as needed	DOH	Staff time	By June 30, 3009	All efforts were evaluated	Program is evaluated and changes made as needed
6. Final evaluate of the program.	DOH, DHCD, DCRA	Staff time	By June 30, 2010	Evaluation of up to date efforts	Report is prepared and distributed to the appropriate persons
Objective 3. Target educational programs to health-care providers					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Identify targeted groups in the health care providers who may be unaware of the most recent developments in the field of sources of lead poison (kids necklaces and toys) through the collaborative arrangements entered in the past years and distribute published information	DOH, Health-care providers, Office of Medicaid, DHCD, LSAC	By June 30, 2006	Staff time	Inform collected and distributed	Distribution of information

2. Continue to inform the appropriate persons of the time, place and contact person/phone number of the contact person and when non-credit courses on lead/environmental are being offered by George Washington University (GWU)	DOH, GWU	Ongoing	Staff time	Information collected and distributed	Distribution of information
3. Reach out to the local universities to assts in providing education through pamphlets, ground rounds and continued education. Programs should be targeted to pediatricians, family practitioners and community health nurses, obstetricians and nurse practitioners, Physician assistants, nurse practitioners	Local universities, Pediatricians, family practitioners and nurses, obstetricians and nurse practitioners, Physician assistants, nurse practitioners	By June 30, 2006	Staff time	Universities and targeted groups identified. Targeted groups were educated	Process of providing education to the targeted groups
Objective 4. Target educational programs to parents					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Target Grandparents, extended families, parents, including pregnant women and mothers of newborns and focus initial education on the lead hazards control measures and the need for blood lead testing for children as stipulated in the Childhood Lead	DOH, Office of the Medicaid, Health-Care providers	In progress and on-going	Staff time	Targeted groups were educated. They are practicing appropriate lead hazards control measures and their	Increased screening among the children of the targeted group and decreased lead poison among this group

Poison Screening and Reporting Act of 2002 and additional screening as recommended by their primary care provider				children are receiving blood lead test according to the law	
2. Additionally, target individual parents and to groups of parents and prospective parents and teach about simple steps they can take to reduce risk, such as hand washing and house keeping measures	DOH, DHCD	In progress and ongoing	Staff time	Targeted persons identified	Ways to reduce risk of lead poisoning
Objective 5. Target educational programs to property owners					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Continue to educate the property owners and managers, realtors and other real estate professional on how to maintain property in a safe and good condition. Convey this information through public meetings, Banks, mortgage companies, and insurance companies at critical junctures, such as when property owner is buying a property or seeking financing for major renovation.	DOH, DHCD	By June 30, 2006	Staff time	Groups to convey information identified and information provided	Increased number of property owners that maintain their properties in safe and good condition
2. Continue to distribute to the property owners copies of the disclosure rules	DOH, DHCD	Ongoing	Staff time	Obtain and distribute copies of disclosure law to the targeted group	Distribution of disclosure rules to the property owners
3. Target immigrant property owners and first time home buyers, and give them copies of lead laws and educational materials	DOH, DHCD	By June 30, 2006	Staff time	Targeted groups identified, copies of lead laws and educational materials provided	Distribution of lead laws and educational materials
4. Identify the immigrant property owners who	DOH,	By June 30, 2006	Staff time	List of immigrant	Translated educational

require information to be in their foreign language, and give them copies of translated lead laws and educational materials				/new property owners developed and information provided	materials distributed
5. Continue identifying new immigrants in the future and provide them with the needed information and educational materials	DOH, Refugee Office	BY June 30, 2007 and ongoing	Staff time	Updated list of new immigrant property owners	Data of new immigrant property owners
6. Analyze and evaluate the program	DOH	By June 30, 2009	Staff time	Identification of outcomes; lead-safe homes	Increased in the number of new immigrant property owners who are compliance with the disclosure law and whose prosperities are lead safe
Objective 6: Target educational programs to day-care providers and early childhood educators					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Continue distribution of lead literatures and brochures to the the day-care providers and early childhood educators to reach 100% of the targeted groups.	DOH, DHCD	By June 30, 2006	Staff time	Federal published brochures and literatures Distribute	Distribution of federal brochures to the targeted group. Data suggests 100% of targets are reached
2. Identify and galvanize parents of lead-poisoned children to aid in the process of assuring that day care providers and early childhood educators identify and abate lead hazards by informing their child's teachers about the past lead poisoning	DOH, Day-Care Centers, Early Childhood Educators	By June 30, 2007	Staff time	Better informed decision by the teachers about the need for remedial measures if needed	Support group formed
3. Explore the possibility of including training on source identification lead exposure in continuing education programs for child care providers through	MCFS, DOH	By June 30, 2008	Staff Time	Training is incorporated as part of continued	Data suggests that the Day-care providers and early childhood educators receive

the office of Maternal and Child Family Services (MCFS)				education for the Day-care providers and early childhood educators	training as indicated
4. Analyze and evaluate the program	DOH	By June 30, 2009	Staff time	Day-care providers and early childhood educators received and applied guidelines in source identification of lead exposure	Number of Day-care providers and early childhood educators who received training as indicated through continued education
GOAL 4: Intensify targeted screening of children identified to be at the greatest risk of lead poisoning and at risk for not receiving blood lead test					
Objective 1: Assist the Office of Medicaid to ensures that all pregnant women, breast feeding mothers and children under six who are covered by Medicaid are screened for blood lead level					
Strategies	**Potential Lead/Supporting Agencies**	**Timeframe**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Maintain partnerships with all agencies associated with children and women especially Office of Medical Assistance Administration (MAA) to ensure that all children under the age of six, and women who are pregnant or breast feeding are screened and receive appropriate follow-up	DOH, MAA, WIC, MFHA, Office of Immunization, MCO	By June 30, 2005	Staff time	10% increase of Medicaid screening from 50% to 60% of the targeted population	Percentage of increase in screening of the targeted population
2. Refer children whose residence received environmental investigations	DOH, MCO	June 30, 2005	Staff time	Identification of more children to be tested of	Increased number screening

and were identified as the causal unit, to their pediatricians for blood lead testing.				blood lead	
3. Match Medicaid data with CLPSEP data, establish a baseline of percentage of Medicaid enroll children under the age of 6years screened for EBL and determine ways to increase screening to reach 95% of Medicaid children by year 2010	DOH	By June 30, 3005	Staff time	Base line established, screening goals established and plan to increase screening rate	Baseline identified, screening goals established and plan developed
Objective 2: Enhance the relationship with the primary care physicians, pediatrics and public clinics to assure that all children under their care are screened for blood lead level					
Strategies	**Potential Lead/Supporting Agencies Evaluation Criteria**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Explain the requirements the childhood lead poisoning screening and reporting act of 2002 and the need to screen targeted children at greatest risk of lead poison for lead level. Provide need	DOH, Physicians, Public clinics	By June 30, 2005	Staff time, Cost of materials	Number of visits to physicians office, monthly contribution to the news letters	Improved screening
2. Share screening data with the group and point their attention to the screening rate of Medicaid children	DOH, Physicians, Public clinics	By June 30, 2006	Staff time	Information about the screening rate provided	Data available
3.Inform community clinics of the screening rate in their neighborhood and the need for increased screening among children without insurance	DOH, Community clinics	By June 30, 2006	Staff time	Information about the screening rate of uninsured children provided	Data available

4. Provide the information to the LSAC and solicit for their recommendation	DOH, LSAC	By June 30, 2006	Staff time	Information provided	Assessment of recommendation
5. Improve strategies and implement recommended actions	DOH, LSAC	By June 30, 2007	**Staff time**	More children receive blood lead test	Screening available to all children
6, Make final adjustments, write report, make recommendation and distribute report the participants	DOH, Public clinics, Pediatricians and primary care physician	By June 30, 2009	Staff time, travel expenses and cost of materials	Reports written and distributed to the appropriate persons	All children are able to receive blood lead test
Objective 3: Develop a plan to identify barriers to children receiving blood lead test					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Schedule a focus group with eligible parents to identify barriers	DOH, LSAC	By June 30, 2005	Cost of materials	Establishment of effective focus group	Identification of barriers
2. Develop plan with action steps and timetables for addressing, reducing or eliminating the barriers.	DOH, LSAC	By June 30, 2005	Cost of materials	Written plan	Reducing or eliminating the identified barriers
3. Begin to implement the plans that are dependant on specific plan	DOH	By June 30, 2006	Staff time	Plan implemented so that goal can be reached	Increase in the number of children screened
4. Continue to implement plan and evaluate outcomes. Data match between CLPSEP and Office of Medicaid	DOH, Office of Medicaid	By June 30, 2007	Staff time	Step increase towards achieving the goal	Continued increase in the number of children screened
5. Perform a historic analysis of laboratory report/CLPSEP data to find	DOH, Laboratories	By June 30, 2007	Staff time	Established report	Data available

out the number of children who are uninsured that receive blood lead test					
1. Exploit the possibility of DC Health Department and or the MAA paying for the lead screening for children who are not eligible for FAMIS (SCHIP), and the family has limited resources for payment of services.	DOH, MAA	By June 30, 2006	Staff time	Number of identified children	Increase in screening rate among uninsured children
2. Review actions and evaluate outcomes. Provide recommendation if needed	DOH	BY June 30, 2006	Staff time	Evaluation performed	Assessment of program to date and recommendation for changes
3. Implement the changes if applicable	DOH, MAA	By June 30, 2007	Staff time	Uninsured children received blood lead test paid by DOH, MAA	Increase in the number of uninsured children receiving blood lead test
4. Continue to implement plan and evaluate program and make final recommendation	DOH, MAA	Starting July 1, 2007; By June 30, 2009	Staff time	More uninsured children screened for blood lead Final evaluation	Data suggests that all uninsured children are able to receive blood lead test at DC public clinics
Objective 4: Increase screening rate among new immigrant children					
Strategies	**Potential Lead/Supporting Agencies**	**Timeframe**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**

1. Contact African Community Center, IRC Washington DC, National Capitol area and Migration and Refugee Services; obtain the names of the new immigrant children request their assistance in contacting new immigrant children and their families for lead prevention activities	DOH, Office of Refugees	By June 30, 2006	Staff time	Contact established with the new immigrant families	Names of new immigrant children and their contact information
2. Analyze the CLPSEP data to find out if these children have been screened for blood lead level	DOH	BY June 30, 2007	Staff time	Status of blood lead test ascertained	Data available
3. Assist/refer those who have not been screened to receive blood lead test	DOH, MAA	Ongoing	Staff time	Referred the new immigrant children for blood lead test	Number of referrals
4. Establish an ongoing relationship with the Refugee offices to ascertain the names and addresses of new immigrant as they come in and also assistance regarding blood lead test	DOH, Offices of Refugee	By June 30, 2006	Staff time	Maintained established collaboration	Number of new immigrant children referred to DOH within one month of their arrival
5. Continue to implement plan, evaluate and provide recommendations	DOH, Office of the Refugee	Start July 1, 2007 and ongoing	Staff time	Interim/final evaluation	Screening is available for all children and data suggests that new immigrant children are able to receive blood lead test
GOAL 5: Significantly reduce the number of children who will become lead poisoned in DC					

Objective 1: Develop a pilot program and expand out reach education to selected areas/specific families from the onset of pregnancy to the time that the child is I yeas old and have his/her first blood lead test					
Strategies	**Potential Lead/Supporting Agencies**	**Timeframe**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Collaborate with organizations that serve high-risk population /communities to identify ways of recruiting appropriate groups	Embassies, CLPPD, Churches, Community Leaders, Community clinics, Advisory Neighborhood Council	By June 30, 2006	Staff Time	Appropriate groups identified	Appropriate groups available
2. Recruit pregnant women from (Upper cardoza Clinic, DC birth Center, ADD THE RSET), and their support group (parents, friends, spouse neighbors and immediate family members), immigrant families in selected areas to and recruit specific families	DOH, LSAC	By June 30, 2006	Staff Time	Pregnant women and their support group identified	Regnant women and their support group
3. Begin to educate these	DOH	By June 30, 2007	Staff Time, travel and	Pregnant women and	More informed society

selected families to take specific measures to prevent their children from lead poison. Teach about dust control measures			cost of materials	their support group awareness of measures to prevent their children of lead poison	
4. Assist each family to develop a plan to keep their family lead-safe	DOH	By June 30, 2007	Staff Time	Individualized plan developed to keep the family lead safe	Individualized plan
5. Create support net work selected by the pregnant women. Involve beauty and barber shop to display posters	DOH	By June 30, 2008	Staff Time	Group plan developed	Group plan
6. Meet with this group monthly or as agreed and with each session, leave them with what they learn. Complete in one year	DOH	By June 30, 2009	Staff Time	Families are trained on lead safe practices	Family feels good
7. Evaluate the program and refine their skills	DOH	By June 30, 2010	Staff Time	Program evaluation	Active participation of identified families in measures to keep their homes lead safe
Objective 2: Train staff in lead-safe environment through step by step skills they need					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**

1. Assign staff to attend DHCD demonstration classes for environmental cleanup, Risk assessment and MGT Training at GW	DOH, DHCD, Local University	By June 30, 2006	Staff Time and travel	Training were provided to staff	Trained staff
2. Provide sensitivity training to staff on how staff can best help families to understand the lead hazards that may harm their children	DOH	By June 30, 2007	Staff time	Staff is educated on how best to provide families information about lead hazards based on individual need	Staff were sensitive to the needs of the individual families
3. Have monthly meeting with staff to discuss what they learned based on the new information	DOH, DHCD	By June 30, 2008	Staff time, travel and cost of materials	Interim evaluation	Assessment of staff information and recommendation
4. Incorporate staff recommendation in future training and evaluate progress	DOH, Families	By June 30, 2009	Staff time	Evaluation	The quality of staff training is improved
5. Final evolution	DOH	By June 30, 2010	Staff time	Final evaluation	Data suggests that staffs are well trained on step by step skills they need to teach families about lead exposure, hazards and control measures
Objective 3: Establish a Health department Task Force to get the data sources identified, collected data, analyze data, make/implement recommendation					
Strategies	**Potential Lead/Supporting**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**

	Agencies				
1. Contact DOH agencies that deals with children and environmental hazard issues to form a task force	DOH	By June 30, 2005	Staff time	Task Force formed	Data consisting the list of the Task Members
2. Inform Mr. Brooks that the Task Force has been formed, invite him to the nest meeting and ask for his input/recommendation	DOH, CDC	By June 30, 2006	Staff time	CDC provided support	CDC active participation
3. Meet with the task force members to obtain support to gather information about housing issue on EBL factor and present CDC recommendation	Task Force Members	By June 30, 2006	Staff time	Established plans/goals	Discussion on the goals of the task force
4. Hire a temporal (intern) to collect and analyze data and generate report based on the data collected	DOH	By June 30, 2006	Staff time	Staff identified	Report available
5. Present the report to the task force and for their review and recommendation based on the repot	DOH, DHCD, Neighborhood organizations	By June 30, 2006	Staff time and travel	Report reviewed by the Task Force Members	Task Force Members agrees to report and recommendations made
6. Implement recommendations and	Task Force	By June 30, 2009	Staff time	Implementation adopted	Implementation adopted

evaluate actions					
7. Review outcomes and make recommendation	Task Force	By June 30, 2009	Staff time	Assessment of outcomes	To be determined based on data available and changes made if needed
7. Final evaluation and recommendation	Task Force	By June 30, 2010	Staff time	Assessments of the effectiveness of the process	Children living in better lead-safe residential environment
Objective 4: Implement a primary prevention program that impacts the housing issue of children with history of EBL					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1Ascertain the list of properties that have poisoned a child/children before	DOH	By June 30, 2008	Staff Time	List of addresses developed	Record consisting of addresses that have poisoned a child/children
2. Develop and maintain a list/data base of the addresses and their current status.	DOH	By June 30, 2008	Staff Time	Successful implementation of an evidence-based intervention for children under the age of six	0% of Children with EBL
3. Partner with the family support group organizations to educate new families to these addresses on measures to keep	DOH, EMS	By June 30 3009	Staff Time	Families perform good dust control measures and keep pain intact	Lead safe homes

the house lead safe					
4. Collect information regarding lead impacted homes that have been fully renovated from the list	DOH, DHCD, DCRA	June 30, 2010	Staff time	New list generated	Updated list of homes wit potential lead hazard
GOAL 6:Utilize Lead Trax Surveillance System to develop risk assessment and integrated prevention planning monitor progress and evaluate program component					
Objective 1: Improve the capability to detect and manage EBL cases					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Meet with interested group and establish the process of data exchange	DOH, DHCD, Office Chief Technology Officer (OCTO), Office of the Immunization, Office of Medicaid	By June 30, 2005	Staff Time	Data exchange process established	Interested departments agreement to exchange data as established
2. Develop a linkage between the surveillance system and various databases in order to obtain lead results and environmental assessment reports of	CLLPD, Immunizations, Medicaid, DHCH. MFHA, WIC, DCRA, Laboratories	July 1, 2005 – June 30, 2006	Staff time and cost of Linkages and maintenance	Better tracking and management of data	Increase in the number of records shared between the systems.

the targeted population					
3. Develop surveillance tools to assess environmental hazards at specific geographic locations within the District	DOH, OCTO	By June 30, 2007	Staff time and cost of tools	Environmental Surveillance	Number of properties with EBL tracked
4. Evaluate benefit of information and make adjustments	DOH	By June 30, 2009	Staff time		Assessment of activity and recommendation
5. Implement recommendation and monitor progress	DOH	By June 30, 2010	Staff tome	Final evaluation	Accurate number of homes, housing the targeted population and their current status.
Goal 7: Establish a central data System between CLPSEP, EPSDT and Immunization for centralized provider access					
Objective 1: Uploading of Lead System Records in to EPSDT Health Checks –Immunization Tracking System					
Strategies	**Potential Lead/Supporting Agencies**	**Time Frame**	**Fiscal Impact**	**Anticipated Outcomes**	**Evaluation Criteria**
1. Export lead results including the demographic information from LeadTrax system to EPSDT-Immunization tracking system.	OCTO, CLPSEP, Immunization and Office Medicaid	By January 30, 2006	Staff Time	Exportation of data process established	Data exported
2. Cross-match the	OCTO, CLPSEP,	By March 30, 2006	Staff Time	CLPSEP, EPSDT-	CLPSEP, EPSDT-

lead records.	Immunization and Office Medicaid			Immunization available	Immunization Data match
3. Resolve the anomalies found in the matching of the LeadTrax records and the EPSDT-Immunization lead records such as duplication of records, discrepant birth dates, inconsistencies on the placement of suffixes (Jr., 111) mixing of first and middle names etc.	OCTO, CLPSEP, Immunization and Office Medicaid	By June 30, 2006	Staff Time	Plan to resolve anomalies of records	Complete lead records
4. Create account and grant providers access to lead records.	OCTO, CLPSEP, Immunization and Office Medicaid, Providers	By June 30, 2007	Staff Time	Provider access	Providers view records
5.Continue Cross-match lead records with EPSDT-Immunization tracking System records weekly.	OCTO, CLPSEP, Immunization and Office Medicaid	By June 30, 2008	Staff Time	CLPSEP, EPSDT-Immunization available	Continuation of CLPSEP, EPSDT-Immunization Data match
6. Contact New York to share experiences and get feed back on data sharing.	OCTO, CLPSEP, Immunization and Office Medicaid	By June 30, 2008	Staff Time	Improved understanding of centralized lead sharing system	Gained knowledge of best practices
7. Evaluate the CLPSEP, EPSDT-	OCTO, CLPSEP, Immunization and Office	By June 30, 2009	Staff Time	Areas of needed improvement identified	Improved centralized lead data system

Immunization process and identify areas of improvement.	Medicaid				
8. Improve the system based on the outcome of the evaluation	OCTO, CLPSEP, Immunization and Office Medicaid	By June 30, 2010	Staff Time	Centralized lead tracking system used by providers to access lead records	Providers accessing the lead records

REGULATORY AUTHORITY:

Federal Authority: Lead Based Paint Disclosure Act of 1996

District Authority: Student Health Act of 1985

District of Columbia Municipal Regulation. Title 14, Section 707, 1991

Lead Based Paint poison Prevention Act of 1983

Lead Based Paint Abatement and Control Act of 1996

Public Property Lead Elimination Act of 1997

Childhood Lead Poison Screening and Reporting Act or 2002